Office Use Only |

### Section 1: Cover Sheet

#### Use this form to:

1) Register as a lobbyist in accordance with City Code Section 4-8-5;

or Quarterly Activity Reporting

- 2) Amend or update registration information previously provided in accordance with City Code Section 4-8-5;
- 3) Terminate registration as a lobbyist per City Code Section 4-8-5;
- 4) Report lobbying activities engaged in during the preceding calendar quarter in accordance with Section 4-8-6 of the City Code; or
- 5) For entities electing to register and report as a business entity per City Code Section 4-8-4, this form must be filled out for each individual lobbyist employed by the entity.

For detailed instructions on how to complete this form, see the Lobbyist Reporting Form: Individual Reporting Guide

This form must be submitted in its original digital format. Please do not print or scan this form.

LOBBYIST NAME	Title First Name*  Mr. Trey  Last Name*  Salinas  My employer is a 501c(3) non-profit organization	Suffix	Middle
EMPLOYING ENTITY	My employer is registered as a business entity, pays an behalf  Entity/Organization Name*  3 Point Partners	entity registration	on fee, and is reporting on my
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	Permanent Business Street Address*  812 San Antonio St  City*  Austin	Apartment or 9 #400 State*  TX	Zip Code*  78701
LOBBYIST BUSINESS MAILING ADDRESS	Business Mailing Address*  812 San Antonio St  City*  Austin	Apartment or 9 #400 State*  TX	Zip Code*

	☐ I am registering as a new lobbyist				
	☐ I am renewing my annual lobbyist registration				
	☐ I am updating my current registration information outside of a Quarterly Activity Reporting Period				
REPORT TYPE *	I am submitting my Quarterly Activity Report, including client compensation and expenditures, for the following activity reporting deadline:				
Check all that apply	☐ January ☐ April ☑ July ☐ October				
	☐ I am correcting the information provided on a previously filed report  Previous Report Type: Lobbyist Registration Previous Report Date				
	I am terminating my Lobbyist Registration with the City of Austin and this report is my final activity report.				



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

## Section 2: **Municipal Question**

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one wunter	pai Question, ciic	ck the Add Additional Municipal Question b	utton below.		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Austin Police Meet and Confer Contract				
PROPERTY ADDRESS OR LEGAL DESCRIPTION			Suite or Apartment Number  State  Zip Code		
Subject Matter(s)*: Check all sub	ject matters tha	it apply to the municipal question above			
Accessibility or Persons with	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Building, Site Plans)		
★ Affordability		Finance, Budget, or Investments	Permits (Other)		
☐ Animals		Health, Healthcare, Mental Health, or Human Services	Public Safety, Policy, Fire, EMS, or Emergency Planning and Response		
Annexation		Historic Preservation	Public Utilities, Energy, Water, Solid Waste or Recycling		
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Convention Center	• •		
Aviation		☐ Human Rights or Immigration	☐ Real Estate		
City Infrastructure or Public V	Vorks		Rules, Proposed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	oyment, or	☐ Land Development or Land Use	Taxation or Fees		
Code Compliance		Municipal Court	☐ Technology or Communications		
Construction		Municipal Legislation	☐ Transportation or Mobility		
		□ Neighborhoods	Zoning or Platting		
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Museums			
Economic Development		Other:			



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION\*

Austin Police Officer Funding

This municipal question pertains to real property. \*If checked, either a property address or legal description is required.

Address

Suite or Apartment Number

City

State

Zip Code

Property Legal Description

OR				
LEGAL DESCRIPTION				
	City		State	Zip Code
	Property Legal Des	scription		
Subject Matter(s)*: Check all subj	ject matters that	apply to the municipal question above		
Accessibility or Persons with D	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Bu	ilding, Site Plans)
Affordability		Finance, Budget, or Investments	Permits (Otl	ner)
Animals		Health, Healthcare, Mental Health, or Human Services		y, Policy, Fire, EMS, or Planning and Response
Annexation		Historic Preservation	Public Utiliti or Recycling	es, Energy, Water, Solid Waste
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Convercence Center	ntion 🔀 Quality of Li	fe Affairs
Aviation		Human Rights or Immigration	Real Estate	
City Infrastructure or Public W	/orks	□ Labor or Workforce	Rules, Propo	osed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	yment, or	☐ Land Development or Land Use	Taxation or	Fees
Code Compliance		Municipal Court	Technology	or Communications
Construction		Municipal Legislation	☐ Transportat	ion or Mobility
Contracts or Procurement		Neighborhoods	Zoning or Pl	atting
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Museum	ms	
Economic Development		Other:		



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

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- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below. SPECIFIC DESCRIPTION OF THE Austin Energy Generation Plan MUNICIPAL QUESTION\* description is required. PROPERTY ADDRESS Address Suite or Apartment Number ΩR LEGAL DESCRIPTION City State Zip Code **Property Legal Description** Subject Matter(s)\*: Check all subject matters that apply to the municipal question above Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) Quality, or Watershed Protection Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or **Animals Human Services Emergency Planning and Response** Public Utilities, Energy, Water, Solid Waste, Annexation Historic Preservation or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center Aviation **Human Rights or Immigration** Real Estate City Infrastructure or Public Works □ Labor or Workforce Rules, Proposed Rules, or Rule Making Civil Service, Municipal Employment, or Land Development or Land Use Taxation or Fees **Retirement Systems** Code Compliance Municipal Court Technology or Communications Construction Municipal Legislation Transportation or Mobility **Contracts or Procurement** Neighborhoods Zoning or Platting Diversity, Equity, or Inclusion Parks, Recreation, Libraries, or Museums Economic Development Other:



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

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- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below. SPECIFIC DESCRIPTION OF THE **Austin Energy Rates** MUNICIPAL QUESTION\* description is required. PROPERTY ADDRESS Address Suite or Apartment Number ΩR LEGAL DESCRIPTION City State Zip Code **Property Legal Description** Subject Matter(s)\*: Check all subject matters that apply to the municipal question above Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) Quality, or Watershed Protection Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or **Animals Human Services Emergency Planning and Response** Public Utilities, Energy, Water, Solid Waste, Annexation Historic Preservation or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center Aviation **Human Rights or Immigration** Real Estate City Infrastructure or Public Works □ Labor or Workforce Rules, Proposed Rules, or Rule Making Civil Service, Municipal Employment, or Land Development or Land Use Taxation or Fees **Retirement Systems** Code Compliance Municipal Court Technology or Communications Construction Municipal Legislation Transportation or Mobility **Contracts or Procurement** Neighborhoods Zoning or Platting Diversity, Equity, or Inclusion Parks, Recreation, Libraries, or Museums Economic Development Other:



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
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- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below. SPECIFIC DESCRIPTION OF THE **Body Cameras** MUNICIPAL QUESTION\* description is required. PROPERTY ADDRESS Address Suite or Apartment Number ΩR LEGAL DESCRIPTION City State Zip Code **Property Legal Description** Subject Matter(s)\*: Check all subject matters that apply to the municipal question above Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) Quality, or Watershed Protection Affordability Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or **Animals Human Services Emergency Planning and Response** Public Utilities, Energy, Water, Solid Waste, Annexation Historic Preservation or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center Aviation **Human Rights or Immigration** Real Estate City Infrastructure or Public Works □ Labor or Workforce Rules, Proposed Rules, or Rule Making Civil Service, Municipal Employment, or Land Development or Land Use Taxation or Fees **Retirement Systems** Code Compliance Municipal Court Technology or Communications Construction Municipal Legislation Transportation or Mobility **Contracts or Procurement** Neighborhoods Zoning or Platting Diversity, Equity, or Inclusion Parks, Recreation, Libraries, or Museums **Economic Development** Other:



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below. SPECIFIC DESCRIPTION OF THE Land use issues MUNICIPAL QUESTION\* This municipal question pertains to real property. \*If checked, either a property address or legal description is required. PROPERTY ADDRESS Address Suite or Apartment Number ΩR LEGAL DESCRIPTION City State Zip Code **Property Legal Description** Subject Matter(s)\*: Check all subject matters that apply to the municipal question above Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) Quality, or Watershed Protection Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or **Animals Human Services Emergency Planning and Response** Public Utilities, Energy, Water, Solid Waste, Annexation Historic Preservation or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center Aviation **Human Rights or Immigration** Real Estate City Infrastructure or Public Works □ Labor or Workforce Rules, Proposed Rules, or Rule Making Civil Service, Municipal Employment, or X Land Development or Land Use Taxation or Fees **Retirement Systems** Code Compliance Municipal Court Technology or Communications Construction Municipal Legislation Transportation or Mobility **Contracts or Procurement** Neighborhoods Diversity, Equity, or Inclusion Parks, Recreation, Libraries, or Museums

Other:

Economic Development



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below. SPECIFIC DESCRIPTION OF THE **MUD** Issues MUNICIPAL QUESTION\* This municipal question pertains to real property. \*If checked, either a property address or legal description is required. PROPERTY ADDRESS Address Suite or Apartment Number ΩR LEGAL DESCRIPTION City State Zip Code **Property Legal Description** Subject Matter(s)\*: Check all subject matters that apply to the municipal question above Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) Quality, or Watershed Protection Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or **Animals Human Services Emergency Planning and Response** Public Utilities, Energy, Water, Solid Waste, Historic Preservation or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center Aviation **Human Rights or Immigration** Real Estate City Infrastructure or Public Works □ Labor or Workforce Rules, Proposed Rules, or Rule Making Civil Service, Municipal Employment, or X Land Development or Land Use Taxation or Fees **Retirement Systems** Code Compliance Municipal Court Technology or Communications Construction Municipal Legislation Transportation or Mobility **Contracts or Procurement** Neighborhoods Diversity, Equity, or Inclusion Parks, Recreation, Libraries, or Museums

Other:

Economic Development



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
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- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below. SPECIFIC DESCRIPTION OF THE Real Estate MUNICIPAL QUESTION\* description is required. PROPERTY ADDRESS Address Suite or Apartment Number ΩR LEGAL DESCRIPTION City State Zip Code **Property Legal Description** Subject Matter(s)\*: Check all subject matters that apply to the municipal question above Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) Quality, or Watershed Protection Affordability Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or **Animals Human Services Emergency Planning and Response** Public Utilities, Energy, Water, Solid Waste, Annexation Historic Preservation or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center Aviation **Human Rights or Immigration** Real Estate City Infrastructure or Public Works □ Labor or Workforce Rules, Proposed Rules, or Rule Making Civil Service, Municipal Employment, or X Land Development or Land Use Taxation or Fees **Retirement Systems** Code Compliance Municipal Court Technology or Communications Municipal Legislation Transportation or Mobility **Contracts or Procurement** Neighborhoods Diversity, Equity, or Inclusion Parks, Recreation, Libraries, or Museums Economic Development Other:



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

## Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below. SPECIFIC DESCRIPTION OF THE Renewable Energy MUNICIPAL QUESTION\* description is required. PROPERTY ADDRESS Address Suite or Apartment Number ΩR LEGAL DESCRIPTION City State Zip Code **Property Legal Description** Subject Matter(s)\*: Check all subject matters that apply to the municipal question above Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) Quality, or Watershed Protection Affordability Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or **Animals Human Services Emergency Planning and Response** Public Utilities, Energy, Water, Solid Waste, Annexation Historic Preservation or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center Aviation **Human Rights or Immigration** Real Estate City Infrastructure or Public Works □ Labor or Workforce Rules, Proposed Rules, or Rule Making Civil Service, Municipal Employment, or Land Development or Land Use Taxation or Fees **Retirement Systems** Code Compliance Municipal Court Technology or Communications Construction Municipal Legislation Transportation or Mobility **Contracts or Procurement** Neighborhoods Zoning or Platting Diversity, Equity, or Inclusion Parks, Recreation, Libraries, or Museums Economic Development Other:



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

## Section 2: **Municipal Question**

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below

To report more than one municip	Jai Question, click	tile Auu A	duttional Municipal Question	Dutton L	CIOW.	
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Right of way permitting issues					
PROPERTY ADDRESS	☐ This municipal description is		pertains to real property. *If ch			
OR	Address			Suite of	Apartment N	lumber
LEGAL DESCRIPTION						
	City			State		Zip Code
	Property Legal De	scription				
Cubicat Mattar(a)*. Chask all sub	icat mattara that	annly to the	municipal guartien about			
Subject Matter(s)*: Check all sub	ject matters that					
Accessibility or Persons with I	Disabilities	Environi Quality,	mental Matters, Air or Water or Watershed Protection	$\boxtimes$	Permits (Bui	lding, Site Plans)
			, Budget, or Investments	$\boxtimes$	Permits (Oth	ner)
Animals			Healthcare, Mental Health, or Services	$\boxtimes$	Public Safety Emergency F	y, Policy, Fire, EMS, or Planning and Response
Annexation		Historic	Preservation	$\boxtimes$	Public Utilities or Recycling	es, Energy, Water, Solid Waste
Arts, Music, Film, Cultural or Creative Industries		Hospital Center	lity, Tourism, Events, or Conventio	on 🖂	Quality of Lif	fe Affairs
Aviation		☐ Human	Rights or Immigration	$\boxtimes$	Real Estate	
	Vorks	Labor or	r Workforce	$\boxtimes$	Rules, Propo	sed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	pyment, or	∠ Land Dealer     ∠ L	evelopment or Land Use	$\boxtimes$	Taxation or I	Fees
		Municip	al Court	$\boxtimes$	Technology	or Communications
		Municip	al Legislation		Transportati	on or Mobility
		Neighbo	orhoods		Zoning or Pla	atting
Diversity, Equity, or Inclusion		Parks, R	ecreation, Libraries, or Museums			
Economic Development		Other:				



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below. SPECIFIC DESCRIPTION OF THE **Short Term Rental** MUNICIPAL QUESTION\* description is required. PROPERTY ADDRESS Address Suite or Apartment Number ΩR LEGAL DESCRIPTION City State Zip Code **Property Legal Description** Subject Matter(s)\*: Check all subject matters that apply to the municipal question above Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) Quality, or Watershed Protection Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or **Animals Human Services Emergency Planning and Response** Public Utilities, Energy, Water, Solid Waste, Annexation **Historic Preservation** or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center Aviation **Human Rights or Immigration** Real Estate City Infrastructure or Public Works □ Labor or Workforce Rules, Proposed Rules, or Rule Making Civil Service, Municipal Employment, or Land Development or Land Use Taxation or Fees **Retirement Systems** Code Compliance Municipal Court Technology or Communications Construction Municipal Legislation Transportation or Mobility

Neighborhoods

Other:

Parks, Recreation, Libraries, or Museums

**Contracts or Procurement** 

Diversity, Equity, or Inclusion

Economic Development

Zoning or Platting



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

## Section 2: **Municipal Question**

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

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- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one municip	oai Question, clic	k the Add Additional Municipal Questio	iii buttoii below.		
SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*	Water Rates				
PROPERTY ADDRESS OR	This municip description i Address		f checked, either a property address or legal  Suite or Apartment Number		
LEGAL DESCRIPTION	City		State Zip Code		
	Property Legal De	escription			
Subject Matter(s)*: Check all sub	ject matters that	t apply to the municipal question above			
Accessibility or Persons with I	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Building, Site Plans)		
		Finance, Budget, or Investments	Permits (Other)		
☐ Animals		Health, Healthcare, Mental Health, or Human Services	Public Safety, Policy, Fire, EMS, or Emergency Planning and Response		
		Historic Preservation	Public Utilities, Energy, Water, Solid Waster or Recycling		
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Conver Center	ntion Quality of Life Affairs		
□ Aviation		Human Rights or Immigration	Real Estate		
	Vorks	Labor or Workforce	Rules, Proposed Rules, or Rule Making		
Civil Service, Municipal Emplo Retirement Systems	yment, or	∠ Land Development or Land Use			
Code Compliance		Municipal Court	Technology or Communications		
Construction		Municipal Legislation	Transportation or Mobility		
Contracts or Procurement		Neighborhoods	Zoning or Platting		
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Museum	ms		
Economic Development		Other:			



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION\*

Cultural Arts Funding

This municipal question pertains to real property. \*If checked, either a property address or legal description is required.

Address

Suite or Apartment Number

City

State

Zip Code

Property Legal Description

0.5	Address		Suite or Apartment Nun	nber
OR				
LEGAL DESCRIPTION	City		State Zi	p Code
	Property Legal De	escription		
Subject Matter(s)*: Check all sub	ject matters that	t apply to the municipal question above		
Accessibility or Persons with D	Disabilities	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Buildin	ng, Site Plans)
☐ Affordability		Finance, Budget, or Investments	Permits (Other)	
Animals		Health, Healthcare, Mental Health, or Human Services		olicy, Fire, EMS, or nning and Response
Annexation		Historic Preservation	Public Utilities, or Recycling	Energy, Water, Solid Waste
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Convention Center	Quality of Life A	Affairs
Aviation		Human Rights or Immigration	Real Estate	
City Infrastructure or Public W	/orks	Labor or Workforce	Rules, Proposed	d Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	yment, or	Land Development or Land Use	Taxation or Fee	es
Code Compliance		Municipal Court	Technology or 0	Communications
Construction		Municipal Legislation	☐ Transportation	or Mobility
Contracts or Procurement		☐ Neighborhoods	Zoning or Platti	ng
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Museums		
Economic Development		Other:		



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below. SPECIFIC DESCRIPTION OF THE Transportation MUNICIPAL QUESTION\* description is required. PROPERTY ADDRESS Address Suite or Apartment Number ΩR LEGAL DESCRIPTION City State Zip Code **Property Legal Description** Subject Matter(s)\*: Check all subject matters that apply to the municipal question above Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) Quality, or Watershed Protection Affordability Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or **Animals Human Services Emergency Planning and Response** Public Utilities, Energy, Water, Solid Waste, Annexation **Historic Preservation** or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center Aviation **Human Rights or Immigration** Real Estate City Infrastructure or Public Works □ Labor or Workforce Rules, Proposed Rules, or Rule Making Civil Service, Municipal Employment, or Land Development or Land Use Taxation or Fees **Retirement Systems** Code Compliance Municipal Court Technology or Communications Construction Municipal Legislation Transportation or Mobility **Contracts or Procurement** Neighborhoods Zoning or Platting Diversity, Equity, or Inclusion Parks, Recreation, Libraries, or Museums **Economic Development** Other:



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

# Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below. SPECIFIC DESCRIPTION OF THE Technology and Procurement MUNICIPAL QUESTION\* description is required. PROPERTY ADDRESS Address Suite or Apartment Number ΩR LEGAL DESCRIPTION City State Zip Code **Property Legal Description** Subject Matter(s)\*: Check all subject matters that apply to the municipal question above Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) Quality, or Watershed Protection Affordability Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or **Animals Human Services Emergency Planning and Response** Public Utilities, Energy, Water, Solid Waste, Annexation Historic Preservation or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center Aviation **Human Rights or Immigration** Real Estate City Infrastructure or Public Works □ Labor or Workforce Rules, Proposed Rules, or Rule Making Civil Service, Municipal Employment, or Land Development or Land Use Taxation or Fees **Retirement Systems** Code Compliance Municipal Court Technology or Communications Construction Municipal Legislation Transportation or Mobility **Contracts or Procurement** Neighborhoods Zoning or Platting Diversity, Equity, or Inclusion Parks, Recreation, Libraries, or Museums **Economic Development** Other:



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT  NAME  ☐ Client is an individual	Organization Name or Client Last Name, as applicable *			
	Airbnb			
0.151.5	Client Business Address*  888 Brannan Street	Client Apartment of	r Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	San Francisco	CA	94107	
NATURE OF	Nature of Client's Business*			
BUSINESS	Short Term Rentals			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client Compensation inf	ormation	, provide your reason(s) (250 char. max):	

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period				
CLIENT NAME					
Client is an individual	Organization Name or Client Last Name, as applicable*				
onent is air individual					
	Apex Bethel Energy Center LLC				
CLIENT	Client Business Address*  3200 Southwest Freeway	Client Apartment of Suite 2210	r Suite Number		
	Client City*	Client State*	Client Zip Code*		
ADDRESS	Houston	TX	77027		
AND	l l l l l l l l l l l l l l l l l l l		17627		
NATURE OF	Nature of Client's Business*				
BUSINESS	Energy				

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  \$0 OR	(\$) Exact Amount	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

\* Indicates a required field

Add Another Client Page



#### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

I represented no clients and received no client compensation during the applicable reporting period				
T				
Organization Name or Client Last Name, as applicable *				
Armbrust & Brown LLP				
Client Business Address*  100 Congress Ave.	Client Apartment of Suite 1300	r Suite Number		
Client City*	Client State*	Client Zip Code*		
Austin	TX	78701		
rustiii -		70701		
Nature of Client's Business*				
Law Firm				
	Organization Name or Client Last Name, as applicable*  Armbrust & Brown LLP  Client Business Address*  100 Congress Ave.  Client City*  Austin  Nature of Client's Business*	Organization Name or Client Last Name, as applicable*  Armbrust & Brown LLP  Client Business Address*  Client Apartment o  100 Congress Ave.  Suite 1300  Client City*  Austin  Nature of Client's Business*		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* \$0	OR	(\$) Exact Amount
CONFENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	AT&T		
CLIENT	Client Business Address*  816 Congress Ave	Client Apartment of Suite 1100	r Suite Number
ADDRESS	Client City*	Client State*	Client Zip Code*
ADDRESS	Austin	TX	78701
NATURE OF	Nature of Client's Business*		
BUSINESS	Communications		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	nsation a	nmount is <mark>required</mark>
	If you fail to provide the above Client Compensation inf	ormation	, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
☐ Client is an individual	Organization Name or Client Last Name, as applicable*			
onent is an individual	organization Name of Gliefit East Name, as applicable			
	Greater Austin Crime Commission			
	Client Business Address*	Client Apartment or	Suite Number	
	PO Box 27016			
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
ADDRE35	Austin	TX	78755	
AND	Austin		78755	
NATURE OF	Nature of Client's Business*			
BUSINESS	Non-profit			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	ensation a	amount is required
	If you fail to provide the above Client Compensation in	formation	n, provide your reason(s) (250 char. max):
* Indicatoo a naminad field			

Indicates a required field

Add Another Client Page



#### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	organization nume of officer East Nume, as applicable			
	Austin Police Association			
	Client Business Address*	Client Apartment of	r Suite Number	
	5817 Wilcab Road	Suite 1		
CLIENT				
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	TX	78721	
NATURE OF	Nature of Client's Business*			
BUSINESS	Membership Association			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* Indicator a new incl Gold			

Indicates a required field

Add Another Client Page



## Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
one it is all individual	organization Name of olient East Name, as applicable			
	Axon Enterprise, Inc.			
	Client Business Address*	Client Apartment or	Suite Number	
	17800 N 85th St			
CLIENT	Client City*	Client State*	Client Zip Code*	
ADDRESS	Controlo	A.7		
AND	Scottsdale	AZ	85255	
NATURE OF	Nature of Client's Business*			
BUSINESS	Manufacturer of body cameras			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	rormation	provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable *			
	Brandywine Realty Trust			
	Client Business Address*	Client Apartment or Suite Number		
CLIENT	1501 S Mopac	Suite 310		
ADDRESS	Client City*	Client State *	Client Zip Code*	
AND	Austin	TX	78746	
NATURE OF Nature of Client's Business*				
BUSINESS	Real Estate			
			,	

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compe for compensation totaling \$500,000 or more.		amount is required
	If you fail to provide the above Client Compensation inf	ormation	, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	CCARE			
CLIENT	Client Business Address* c\o Brandywine Realty, 1501 S Mopac	Client Apartment or Suite 310	Suite Number	
ADDRESS	Client City*	Client State*	Client Zip Code*	
ADDRESS	Austin	TX	78746	
NATURE OF	Nature of Client's Business*			
BUSINESS	Business League			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* In discase a supervisor of Godel			

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	Cypress Real Estate Advisors			
	Client Business Address*	Client Apartment o	r Suite Number	
	1601 S Mopac	Suite 175		
CLIENT			т	
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	TX	78746	
NATURE OF	***			
NATURE OF	Nature of Client's Business*			
BUSINESS	Real Estate			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	nsation a	nmount is <mark>required</mark>
	If you fail to provide the above Client Compensation inf	ormation	, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



#### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	Cypress Semiconductor			
CLIENT	Client Business Address*  Champion Court	Client Apartment or	Suite Number	
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	San Jose	CA	95134	
NATURE OF	Nature of Client's Business*			
BUSINESS	High Tech			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT  NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*  Endeavor Real Estate Group			
	Client Business Address*  221 West 6th Street	Client Apartment or Suite 1300	r Suite Number	
CLIENT ADDRESS AND	Client City* Austin	Client State*	Client Zip Code*	
NATURE OF BUSINESS	Nature of Client's Business*  Real Estate			

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*		(\$) Exact Amount	
	\$0	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client Compensation in	formation	ı, provide your reason(s) (250 char. max):	
* Indicates a naminad field				

Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Goveia Real Estate		
CLIENT	Client Business Address*  24855 Del Prado	Client Apartment or	r Suite Number
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Dana Point	CA	92629
NATURE OF	Nature of Client's Business*		
BUSINESS	Real Estate Development		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CHENT	Compensation Category*	_	(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION	Por City Code Section 4.9.4(A)(i) the exact com	noncation	amount is required
	Per City Code Section 4-8-6(A)(j), the exact con for compensation totaling \$500,000 or more.	ірепѕаціон	amount is required
	If you fail to provide the above Client Compensation	n information	n, provide your reason(s) (250 char. max):
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	HDR, Inc			
CLIENT	Client Business Address* 4401 West Gate Blvd	Client Apartment of Suite 400	r Suite Number	
	Client City*	Client State*	Client Zip Code*	
ADDRESS AND	Austin	ТХ	78745	
NATURE OF	Nature of Client's Business*			
BUSINESS	Engineering Firm			
			,	

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	nsation a	nmount is <mark>required</mark>
	If you fail to provide the above Client Compensation inf	ormation	, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
	T			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	Lincoln Clean Energy			
	*			
	Client Business Address*	Client Apartment or	Suite Number	
	401 N Michigan Ave	Suite 501		
CLIENT	Client City*	Client State*	Client Zip Code*	
ADDRESS			Client zip code	
AND	Chicago	IL	60611	
NATURE OF	Nature of Client's Business*			
BUSINESS	Renewable Energy			

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  \$0  Per City Code Section 4-8-6(A)(j), the exact competer compensation totaling \$500,000 or more.	OR	(\$) Exact Amount  amount is required
	If you fail to provide the above Client Compensation inf	ormation	, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\square$ I represented no clients and received no client reporting period	t compensation du	ring the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	North Austin MUD #1		
CLIENT	Client Business Address*  2601 Forest Creek Dr.	Client Apartment o	r Suite Number
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Round Rock	TX	78665
NATURE OF	Nature of Client's Business*		
BUSINESS	Utility District		

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compe for compensation totaling \$500,000 or more.	nsation a	nmount is <mark>required</mark>
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	compensation duri	ng the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Northtown MUD		
	Client Business Address*	Client Apartment or	Suite Number
	1421 Wells Branch Pkwy	Bldg 1, Suite 106	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Pflugerville	TX	78660
NATURE OF	Nature of Client's Business*		
BUSINESS	Utility District		
			,

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*		(\$) Exact Amount
COMPENSATION	\$0	OR	
CONFENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
*			

\* Indicates a required field

Add Another Client Page



### Section 3a:

### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	t compensation duri	ing the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	organization reality of olient East Name, as applicable		
	NXP Semiconductor, Inc.		
CLIENT	Client Business Address* 6501 William Cannon Drive West	Client Apartment or	
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	TX	78735
NATURE OF	Nature of Client's Business*		
BUSINESS	High Tech		

#### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*  OR  Per City Code Section 4-8-6(A)(j), the exact compensation a cor compensation totaling \$500,000 or more.		(\$) Exact Amount  amount is required
	If you fail to provide the above Client Compensation info	ormation	, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no clier reporting period	nt compensation d	uring the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*  Samsung Austin Semiconductor, LLC		
0.171.7	Client Business Address* 12100 Samsung Blvd	Client Apartment #110	or Suite Number
CLIENT ADDRESS AND NATURE OF BUSINESS	Client City*  Austin  Nature of Client's Business*  High Tech	Client State*	Client Zip Code*  78754

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

QUENT	Compensation Category*	-	(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is require for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reas		·
* Indicator a required field			

Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
Client is an individual	Organization Name or Client Last Name, as applicable*  Seton Healthcare		
0.151.7	Client Business Address* 1201 W 38th St	Client Apartment or	r Suite Number
CLIENT  ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	TX	78705
NATURE OF	Nature of Client's Business*		
BUSINESS	Healthcare Network		

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
Per City Code Section 4-8-6(A)(j), the exact compensation amount is refor compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your			
* Indicator a varying d G			

Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Torchy's Tacos		
CLIENT ADDRESS	Client Business Address*  999 E Basse Rd  Client City*	Client Apartment or  Client State*	Suite Number  Client Zip Code*
	San Antonio	TX	78209
AND NATURE OF BUSINESS	Nature of Client's Business*  Restaurants		

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*		(\$) Exact Amount
	\$0	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* In all a days are a surplined God at			

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information**For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Travis County Fire Rescue ESD #11		
CLIENT	Client Business Address* 9019 Elroy Road	Client Apartment or	Suite Number
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Del Valle	ТХ	78617
NATURE OF	Nature of Client's Business*		
BUSINESS	Emergency Services		
			,

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	nsation a	nmount is <mark>required</mark>
	If you fail to provide the above Client Compensation inf	ormation	, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Walmart Stores, Inc		
CLIENT	Client Business Address* 2001 Southeast 10th St	Client Apartment of	r Suite Number
ADDRESS	Client City*	Client State*	Client Zip Code *
ADDRESS	Bentonville	AR	72713
NATURE OF	Nature of Client's Business*		
BUSINESS	Retail Merchant		

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* In all and a supervision of Grad			

\* Indicates a required field

Add Another Client Page



### Section 3a:

### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
onent is air individual			
	Water Control Irrigation District #10		
	Client Business Address*	Client Apartment o	r Suite Number
	5450 Bee Cave	#2A	
CLIENT  ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	TX	78746
NATURE OF	Nature of Client's Business*		
BUSINESS	Utility District		

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
*			

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\square$ I represented no clients and received no client reporting period	compensation during the applicable
CLIENT NAME	Client Title Client First Name*	Middle
⊠ Client is an individual	Organization Name or Client Last Name, as applicable*  Wayne Reaud	Client Suffix
	Client Business Address*  98 San Jacinto Blvd	Client Apartment or Suite Number Suite 1400
CLIENT ADDRESS AND	Client City* Austin	Client State* Client Zip Code*  78701
NATURE OF BUSINESS	Nature of Client's Business*  Property Owner	

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* Indicates a various dist			

Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Wells Branch MUD		
	Client Business Address*  3000 Shoreline Dr.	Client Apartment of	r Suite Number
CLIENT	Client City*	Client State*	Client Zip Code*
ADDRESS			7 [
AND	Austin	TX	78728
NATURE OF BUSINESS	Nature of Client's Business*  Utility District		
			,

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*  \$0  Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation into	
		, promot your rouser (c) (coo orien many)

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*		
	White Lodging Services Corp		
CHENT	Client Business Address*  701 East 83rd Ave	Client Apartment or	r Suite Number
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Merrillville	IN	46410
NATURE OF	Nature of Client's Business*		
BUSINESS	Developer		

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), th for compensation totaling \$500,000 If you fail to provide the above Client Co	amount is <mark>required</mark> , provide your reason(s) (250 char. max):	
* Indicator a varying d G			

Indicates a required field

Add Another Client Page



### Section 3a:

### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT  NAME	0			
Client is an individual	Organization Name or Client Last Name, as applicable*  Zach Theatre			
01/51/5	Client Business Address*  1510 Toomey Road	Client Apartment or	Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	ТХ	78704	
NATURE OF	Nature of Client's Business*			
BUSINESS	Entertainment			

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*  \$0  Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation into	
		, promot your rouser (c) (coo orien many)

\* Indicates a required field

Add Another Client Page



### Section 3a:

### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME  Client is an individual	Organization Name or Client Last Name, as applicable*			
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address*  2121 S El Camino Real  Client City*  San Mateo  Nature of Client's Business*  Ride Sharing Bikes	Client Apartment or Ste B100  Client State*  CA	Suite Number  Client Zip Code*  94403-1861	

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

OUENT	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* Indicator a naminal field			

Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
	T		
CLIENT			
CLILINI			
NAME			
☐ Client is an individual	Organization Name or Client Last Name, as applicable*		
	Zydeco Development		
	Client Business Address*	Client Apartment	or Suite Number
	901 Rio Grande	Suite 200	
CLIENT  ADDRESS	Client City*	Client State*	Client Zip Code*
ADDRESS	Austin	TX	78701
NATURE OF	Nature of Client's Business*		
BUSINESS	Real Estate Development		

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more.	nsation a	nmount is <mark>required</mark>
	If you fail to provide the above Client Compensation inf	ormation	, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
onone is an individual				
	Orange Barrel Media			
	Client Business Address*	Client Apartment or	Suite Number	
	250 North Hartford Avenue			
CLIENT	Client City*	Client State*	Client Zip Code*	
ADDRESS	,		Chefft Zip Gode	
AND	Columbus	ОН	43222	
NATURE OF	Nature of Client's Business*			
BUSINESS	Advertising			

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

OUENT	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* Indicator a naminal field			

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	t compensation du	ıring the applicable
CLIENT NAME	Client Title Client First Name*  Richard		Middle
	Organization Name or Client Last Name, as applicable*  Garriott de Cayeaux	Client Suffix	
	Garriott de Cayeaux		
	Client Business Address*	Client Apartment	or Suite Number
	7400 Coldwater Canyon Dr		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	TX	78730
NATURE OF	Nature of Client's Business*		
BUSINESS	N/A		
			,

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*		(\$) Exact Amount	
	\$0	OR		
COMPENSATION				
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			
* Indicates a naminad field				

Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*  Veritas Famliy Partners Land Ltd.			
	Client Business Address* P.O. Box 160340	Client Apartment o	r Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	TX	78716	
NATURE OF	Nature of Client's Business*			
BUSINESS	Real Estate Development			

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*  less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation inf	ormation	, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	☐ I represented no clients and received no clien reporting period	t compensation dur	ing the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
onent is air individual			
	Niido/Newgard Development Group		
	Client Business Address*	Client Apartment of	r Suite Number
	1300 Brickell Bay Drive, Suite 400		
CLIENT	Client City*	011 1 01 - 1 - *	0111-71 01-*
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Miami	FL	33131
NATURE OF	Nature of Client's Business*		
BUSINESS	Real Estate Development and Short Term Rentals		

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

\* Indicates a required field

Add Another Client Page



### Section 3a:

**Client Information** 

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	Downtown Austin Alliance			
CLIENT	Client Business Address*  211 E. 7th Street	Client Apartment of	r Suite Number	
	Client City*	Client State*	Client Zip Code*	
ADDRESS	Austin	TX	78701	
AND	Austin		[78701	
NATURE OF	Nature of Client's Business*			
BUSINESS	Advocacy Organization			

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		

\* Indicates a required field

Add Another Client Page



### Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*  Eureka Holdings Inc			
QUENT	Client Business Address*  603 W 8th St	Client Apartment or	Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	TX	78701	
NATURE OF	Nature of Client's Business*			
BUSINESS	Real Estate Development			

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

QUENT	Compensation Category*	-	(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.  If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* Indicator a required field			

\* Indicates a required field

Add Another Client Page



### Section 3a:

#### **Client Information**

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Oracle America Inc		
	Client Business Address*	Client Apartment	or Suite Number
	1910 Oracle Way		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
ADDRESS	Reston	VA	20190
NATURE OF	Nature of Client's Business*		
BUSINESS	Network computing infrastructure solutions company		
			,

### Section 3b:

### **Client Compensation**

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category*  \$0  Per City Code Section 4-8-6(A)(j), the exact competer compensation totaling \$500,000 or more.	OR nsation a	(\$) Exact Amount  amount is required
	If you fail to provide the above Client Compensation inf	ormation	, provide your reason(s) (250 char. max):

\* Indicates a required field

Add Another Client Page



# Section 4: Employee

For each person employed or retained by the individual lobbyist for the purpose of assisting in or preparing for lobbying (excluding purely clerical or administrative assistance), provide a separate page with the information below (City Code Section 4-8-5(B)(4)(c)). If the lobbyist has retained no employees, leave this page blank.

For additional employees, click "Add Another Employee Page" below.

NO EMPLOYEES TO REPORT		red or retained no employees	during the	applicable re	eporting period	
PERSON	Title	First Name*			Middle	
EMPLOYED OR RETAINED	Last Name *		Su	ıffix	]	
	Employer*		Od	ccupation*		
BUSINESS ADDRESS	Business Address*			Apartment or Suite Number		
	City*			State*	Zip Code*	
MAYOR/COUNCIL RELATIVE OR HOUSEHOLD MEMBER	☐ Is the person identified above related (within the third degree of consanguinity) to the Mayor or a Council Member, or a member of their household, as defined in City Code Section 4-8-6(A)(5)?  If yes, describe the nature of their employment *required if the above box is checked					
	First Name of N	Mayor/Council Member	Last Na	ame of Mayo	r/Council Member	

\* Indicates a required field

Add Another Employee Page



If you are not submitting this form during a quarterly activity reporting deadline or to terminate your lobbyist registration, proceed directly to Section 8: Declaration and Electronic Submission.



# Section 5: Statement of No Activity

#### STATEMENT OF NO EXPENDITURES MADE AND NO COMPENSATION RECEIVED.

Lobbyists who have no reportable activity for the reporting period must submit a Statement of No Activity to the Clerk's Office (City Code Section 4-8-6(D)).

By checking the No Activity Confirmation, I affirm that I have no reportable activity during this reporting period, as defined by the four conditions below.

- I received no Client Compensation during this activity period (§4-8-6(A)(2)).
- I made no Expenditures for lobbying during this activity period (§4-8-6(A)(3)).
- I have not exchanged money, goods, services, or anything of value totaling more than \$500 with a business entity in which a City Official has a substantial economic interest during this reporting period (§4-8-6(A)(4)).
- I have no employees who are household members or related (within third degree of consanguinity or affinity) to the Mayor or a Council Member to report during this reporting period (§4-8-6(A)(5)).

# No Activity Confirmation ☐ I have read the four conditions above and confirm that I have no reportable activity to disclose during this reporting period



# Section 6: Expenditure Totals

Provide the total amount of expenditures for lobbying, sub-totaled by the categories listed below. A blank value will be interpreted as \$0 spent in that particular category (§4-8-6(A)(3)).

Cumulative expenditures of more than \$50 by an individual lobbyist per day per City Official in the expense categories listed below must be itemized on an Expenditure page.

EXPENDITURE TOTALS  (Blank values will be interpreted as \$0)	(\$) Reimbursement to Others	\$0.00
	(\$) Food and Beverages	\$0.00
	(\$) Transportation and Lodging	\$0.00
	(\$) Gifts (other than Awards and Mementos)	\$0.00
	(\$) Entertainment	\$0.00
	(\$) Awards and Mementos	\$0.00
	(\$) Honorariums	\$0.00
	(\$) Attendance of Council Members at Charitable Events or Fundraisers	\$0.00
	(\$) Media Communications (broadcast, print, advertising, etc.)	\$0.00
	(\$) Payments to persons who assist with Media Communications as defined in §4-8-6(A)(3)(j)	\$0.00



# Section 7: Expenditure

For each itemized expenditure, provide a separate page with the information below. Cumulative expenditures of more than \$50 per day per City Official in the expense categories provided below must be itemized on an Expenditure Page (§4-8-6(A)(3)).

Per §4-8-6(A)(4), exchanges of money, goods, services, or anything of value to a business or business interest of a City Official that total \$500 or more during the reporting period must also be itemized on an Expenditure Page.

For additional expenditures, click "Add Another Expenditure Page" below.

Add Another Expenditure Page

PAYEE NAME	Organization Name or Payee Last Name, as applicable*				
AND					
BUSINESS INTEREST	This payee is a business or business interest of a City Official				
Payee is an individual	If yes, First Name of City Official		Last Name of City (	Official	
	Department of City Official		Job Title of City Official		
PAYEE	Payee Address/ PO Box*		Payee Apartm	nent or Suite Number	
ADDRESS	Payee City*		Payee State Payee Zip Code		
	(\$) Expenditure Amount* Expendi	ture Date <sup>*</sup> Cate	egory*		
EXPENDITURE					
DETAILS	Purpose of the Expenditure*				
	-				
	ho benefitted from or who ma	v have been inf	luenced by the	expenditure, if applicable	
City Official First Name	City Official Last Name	Depar		Job Title	

Delete this page

60 Revised: 9/25/2017



### Section 8: Declaration and Electronic Submission

#### **DECLARATION**

By my signature below and subject to the penalty of perjury, I swear or affirm that the facts provided in this Lobbyist Reporting Form are true and correct to the best of my knowledge and belief and include all information required to be reported by me pursuant to City Code, Chapter 4-8.

I understand that pursuant to §4-8-9(E) of the Austin City Code, this report is made under oath regardless of whether there is any jurat or affidavit of verification, including a signature.

Trey Salinas	7/2/2019
Typed Name	Report Date*

### **Electronic Submission and Signature**

I have completed a Lobbyist Contact Information Form, and my signature and e-mail address are both on file at the City Clerk's Office.

New or Renewing Lobbyist Registrations are not considered complete until the appropriate registration fee has been paid. If you are registering for the first time as a lobbyist or are renewing your annual registration, you must remit payment via cash, check, or money order.